

APR 3 1964



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BETHESDA 14, MD.

NATIONAL INSTITUTES OF HEALTH
Area Code 301 Tel: 656-4000

March 31, 1964

Re: 3 R01 HD 00045-01S1

Dr. Joshua Lederberg
Professor of Genetics
Stanford University Medical Center
Palo Alto, California

Dear Dr. Lederberg:

I believe you have heard that your supplementary grant application has been approved.

With respect to your question about a mechanism for supporting a resident staff member from the Census Bureau, I believe it will be necessary that your negotiations with the Census Bureau should clarify further the status of this resident before I can answer your question. There is a rule against paying a federal employee from a grant directly. Perhaps this item could be included in the Census Bureau overall charge. Perhaps the man could take leave from the federal bureau with a special arrangement for reemployment by them. A third possibility which would be interesting to me is that the Census Bureau could locate a person who would qualify for permanent employment with the National Institute of Child Health and Human Development and we would assign him temporarily to collaborate with you. He would then return to work with us when his assignment with you has been completed. I will keep in touch with Dr. Paul Glick about this.

Dr. Yerushalmy is up to his old tricks in showing statistical relationships between the paternal smoking habits and birth weight and between smoking habits and improved weight-specific mortality. Seven studies on the relationship between smoking and perinatal indices show more reduction in birth weight ^{than} and in the duration of gestation. This, I believe, is reflected by a higher weight-specific survival. In other words, the babies are undernourished rather than immature in the smoking mothers, and the former is less detrimental.

The 96% figure for attended births is reported in the Indian Health Service. It is certainly true that stillbirths and premature births may be unrecorded. The strongest evidence that these do not explain the discrepancy is indicated by comparing the weight distributions in the 2000 - 3000 gram range where there are large numbers of births involved. One could hardly explain the contrast in birth weights in this range on the basis of under-reporting.

Indian mortality from infections is much higher than the Negro mortality in general. In the post-neonatal period, as shown in Table I, the mortality rates are much higher in the Indians and this continues throughout childhood. This is largely due to diarrhea and respiratory infections.

I very much appreciate your thoughtful review and comments.

I remain interested in the development of census materials and would like to help in any way. Unfortunately, our Program is still in a very formative stage and we are hardly able to offer significant technical collaboration. As we develop during the coming year, we will be happy to offer any possible assistance.

Sincerely yours,

A handwritten signature in cursive script, reading "Franz Rosa".

Franz Rosa, M.D., Acting Director
Perinatal Biology Program
National Institute of Child Health
and Human Development